

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	70891	6/22
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	71531	6-27-00
FORMALITY REVIEW	<i>[Signature]</i>	71531	9.8.00
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	71531	10-16-00

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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